



GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF MOTOR VEHICLES

IGNITION INTERLOCK DEVICE PROGRAM APPLICATION

Visit our website for additional program requirements and information

SECTION I

APPLICANT INFORMATION

Last Name	First Name	Middle Name	Suffix
Address	Unit Number	City/State	Zip Code
		Washington, DC	
Driver License Number	Telephone Number	E-mail	

VEHICLE INFORMATION (List all vehicles operated by applicant. Only D.C. registered vehicles qualify)

	VIN	Year	Make	Model	Tag Number
Vehicle 1					
Vehicle 2					
Vehicle 3					
Vehicle 4					

AUTHORIZED USERS* (Besides the applicant, list all users authorized to drive the vehicle)

Last Name	First Name	Middle Name	Suffix
Address	Unit Number	City/State	Zip Code
Vehicle Tag Number	Social Security Number**	Driver License Number	State

Last Name	First Name	Middle Name	Suffix
Address	Unit Number	City/State	Zip Code
Vehicle Tag Number	Social Security Number**	Driver License Number	State

* All authorized users must receive IID training

** Only required if user has a non-DC license

OPERATOR CERTIFICATION

I understand that I must have an IID in each vehicle that I operate during the entire time that I am subject to the IID restriction, and that such device must be maintained and calibrated in accordance with DC law. I understand that if I am terminated from or voluntarily leave the IID program my driver's license and the vehicle(s) registration will be revoked for one year.

I certify that the above information is true and correct to the best of my knowledge, information, and belief. I understand that any false statement in the application may be subject to prosecution under DC law.

Signature of Applicant	Date

SECTION II (complete if applicant is not the primary registered owner)**PRIMARY REGISTERED OWNER** (if different from applicant)

Last Name	First Name	Middle Name	Suffix
Address	Unit Number	City/State	Zip Code
		Washington, DC	
VIN/Vehicle Tag Number	Driver License Number	Telephone Number	

REGISTERED OWNER CERTIFICATION

I understand that if the applicant is terminated or voluntarily leaves the IID program the registration of my vehicle will be **revoked** for one year.

Signature of Primary Owner	Date

PRIMARY REGISTERED OWNER (if different from applicant)

Last Name	First Name	Middle Name	Suffix
Address	Unit Number	City/State	Zip Code
		Washington, DC	
VIN/Vehicle Tag Number	Driver License Number	Telephone Number	

REGISTERED OWNER CERTIFICATION

I understand that if the applicant is terminated or voluntarily leaves the IID program the registration of my vehicle will be **revoked** for one year.

Signature of Primary Owner	Date

FOR IID VENDOR OFFICIAL USE ONLY

Provider certifies that a device was installed on the vehicle(s) listed above and all authorized users have been trained on how to use the device.

Name of IID Provider	IID Provider Address
Authorized Signature	Date

FOR DMV OFFICIAL USE ONLY

Approval by DMV Employee	Date	Operator Number
High Risk Insurance Provider	Policy Number	Issue/Expiration Date